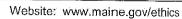
Office: 242 State Street, Augusta, Maine



Phone: 207-287-4179 Fax: 207-287-6775



2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update to a previously filed statement for the calendar year 2007.						
LEGISLATOR INFORMATION						
Name WRIGHT H. Mailing address 1480 Long Fall Situation and			7.7.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	·	Member of: **Member of: **District** **The strict of the strict of th	□ Senate
City, zip code Le XIMGTON,					Phone	28-2916
PART 1. INCOM	E DERIVED	FROM EMP	LOYMENT BY	/ ANOTH	IER	
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.						
Name of Employer		Addre	SS		Principal Ty Activity	pe of Economic of Employer
STATE OF Maine	37.	STATE		STA	Legisi	
State of Maine	//		11		ReTi	Red
SOCIAL SECURITY ADMINISTRATYON			and the second s	"The "Subsection and American Subsection (American Subsection Subs	ReTI	ze d
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT (For Legislators who are self-employed.)						
A. List the name and address of your business, if any, and list the major areas of economic activity from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity of that entity.						
Name and Address of Business Entity	The state of the s	Major Areas	of Economic Ac (self)	tivity	Ac (partnership, as	s of Economic ctivity sociation or similar ess entity)
Name: Address:						
Name:		So a married sty .	t talaana ee aa			
Address:	 					

PART 2 (continued). INCOME DEF (For Legislators who		DYMENT
B. List each source of income derived from self-employment that re is greater, and specify the principal type of economic activity of the disclosure is prohibited by law, rule, or an established code of profe the entity or person from whom the income was derived.	entity or person from whom you	derived such income. If this form of principal type of economic activity of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:		
Address:		;
Name:	The state of the s	
Address:		
PART 3. MAJOR AF (For Legislators who are	e attorneys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the	representation of the second s	The second secon
Name and Address of Firm	Major Areas of Pr (self)	actice Major Areas of Practice (firm)
Name:		
Address:	-	
Name:		
Address		
PART 4. OTHER SO		
List each source of income of \$1,000 or more not listed in Parts 1, 2	, Of 3 Of this form. Do not includ	de girts. If none, check the box.
□ None		Kind of Income
Name and Address of Source		(investments, leases, etc.)
Name:	•	
Address:		
Name:		
Address:	V-27	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or me areas of economic activity of each creditor. Do not list loans from a	ore that you received during the	e reporting period, and list the major
None		, where the same of the same o
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name:		
Address:		
Name:		
Address:		
PART 6. REPO		
List the specific source of each gift of more than \$300. Include gifts none, check the box	with an aggregate value of mor	e than \$300 from a single source. If
None		
Name of Source of Gift 1.	Name of 3.	Source of Gift
2.	4.	

PART 7. REPORTA	RI E HO	NOP	ΛDI.	
List the source of any honoraria accepted for appearances or speech		Sec. 14		and the control of th
X, None	And the second s			and the second s
Name of Source of Honoraria			Ň	ame of Source of Honoraria
1.	3.			manufacti (19 Annieus) (2- 11 iuw eus
2.	4.		William American	A Property of the Control of the Con
PART 8. REPRESENTATION	REFORE	STA	ΔŤΕ	MCENICIES -
List each executive branch agency before which you represented or the box.				
None	CONTRACTOR OF THE STREET, STRE		DAX:	
Name of Agency				Name of Agency
1.	3.		**************************************	
2.	4.	***************************************	**************************************	
PART 9. BUSINESS WIT	TH STAT	F A(3EN(NES 300
List each executive branch agency to which you or a member of your \$1,000 during the reporting period. If none, check the box.				
None	270 KA SIMAA			7 11 20 20 20 20 20 20 20 20 20 20 20 20 20
Name of Agency		No.	W. J.	Name of Agency
1,	3.	,		2010
2.	4.			
PART 10. INCOME RECEIVED BY MI	EMBERS	OF	IMM	EDIÁTÉ FÁMILÝ
List the type of economic activity representing each source of income (ren) during the reporting period and the kind of income represented. "D" for income received by dependents.	e of \$1.00	00 or	more	received by your spouse or dependent child
Type of Economic Activity Representing Source of Income Receive		Circl	- 6	
All the state of t		oprop lette		Kind of Income
1. Retired	(3)	D	RETIREMENT
2.		3	D	·
3.	S	3	D	Additional to the second secon
4.	S	}	D	S. American S. Which with the months (2000) have been proportionable to the control of the contr
SIGNATI	URE :			
Legislator who willfully fails to file a required statement is subject to the control of the con	ect to a f	ine o	of \$10	per business day until the report is filed.
1 M.R.S.A. § 1017-A)				- ' ' ' ' '

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

NAME:	DATE:	
ADDRESS:		
	ADDITIONAL INFORMATION	
Please provide information you	any additional information below (and on additional sheets if needed). are providing.	Indicate the part or section number for the
Part/Section Number		SPORTS BANK SPORTS BANK STATE
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